

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SMOKELESS TOBACCO PRODUCT

Attorney Docket Number:: 004859.00044

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Jonnie  
Middle Name:: R.  
Family Name:: Williams  
Name Suffix::  
City of Residence:: Manakin-Sabot  
State or Province of Residence:: VA  
Country of Residence:: U.S.A.  
Street of mailing address:: 1 Starwood Lane  
  
City of mailing address:: Manakin-Sabot  
State or Province of mailing address:: VA  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 23103  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number:: 22907

## **Representative Information**

Representative Customer Number:: 22907

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	10/134,689	04/30/02
	Continuation-in-Part of	09/845,249	05/01/01

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## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::